

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3828 Sullivan Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 3 yrs.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louisa Fischer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles G. Fischer 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased November 5, 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 2 _____ hr. _____ min.

9. Birthplace Millstadt, Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Ernst
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Huskopf
 15. Birthplace Millstadt, Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles G. Fischer
 (b) Address 3828 Sullivan Ave.
 17. (a) Burial (b) Date thereof Jan. 9, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Lebanon Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher
 (b) Address 4834 Natural Bridge

19. (a) JAN 7 1942 (b) J. F. Muesel
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3828 Sullivan Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

4. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th,
 year 1942 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 5th to Jan 7th, 1942
 that I last saw him alive on Jan 6th
 and that death occurred on the date and hour stated above.

Immediate cause of death Distal atherosclerosis Duration _____

Due to Coronary
 Due to Distal atherosclerosis

Other conditions Distal atherosclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 59

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
 While at work? _____ (e) Means of injury 5
 23. Signature Wm. M. Schumacher (M: D _____)
 Address 3525 N. Grand Date signed 4/8/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John C. Mlinar....., Registered Apprentice No.
working under my personal supervision.

Signed *John C. Mlinar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.